

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
101538674

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/						
2		/					
3	2						
4	1						
5	1						
6	1						
7	1						
8	1						
9	1						
10	1						
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TOTAL IND.	1	↓	1	↓		↓	
TOTAL DEP.	13	←	12	←		←	
TOTAL CLAIMS	14		13				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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100							
TOTAL IND.						↓	
TOTAL DEP.						↓	
TOTAL CLAIMS							